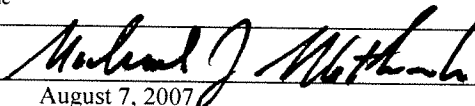


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| CHANGE OF CORRESPONDENCE ADDRESS <i>Application</i> Address to: Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 | Application Number | 10/624,043 |
| | Filing Date | 07/21/2003 |
| | First Named Inventor | Marc Regardie |
| | Art Unit | 3627 |
| | Examiner Name | Florian M. Zeender |
| | Attorney Docket Number | 11061 |

| | | | |
|---|---|--|------------|
| Please change the Correspondence Address for the above-identified application to: <input checked="" type="checkbox"/> Customer Number 25570 <i>Type Customer Number here</i> | | <i>Place Customer Number Bar Code Label here</i> | |
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| I am the: | | | |
| <input type="checkbox"/> Applicant/Inventor | | | |
| <input type="checkbox"/> Assignee of record of the entire interest. Certificate under 37 CFF 3.73(b) is enclosed. (Form PTO/SB/96). | | | |
| <input checked="" type="checkbox"/> Attorney or agent of record. | | | |
| <input type="checkbox"/> Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____ | | | |
| Type or Printed Name | Michael J. Mlotkowski, Reg. No. 33,020 | | |
| Signature |  | | |
| Date | August 7, 2007 | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | | |
| <input type="checkbox"/> *Total of _____ forms are submitted. | | | |